STATE OF NEW HAMPSHIRE

Lobbyists Report of Political Contributions Addendum C (RSA Chapter 15:6)

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JUL 1 6 2018

II. Name of lobbyist's part	nership, firm or cor	poration, if any:		
Legislative S	Solutions, L.L.C.			
(Name of partn	ership, firm or corporation)		24419	
III. Name of Client		フッ/ 1 <i>9</i> , Date 本知 3, 2018		
Political Contributions	ion that is non-malify.	accessed to DCA Char		
client/lobbyist and lobbying			oter 664 paid on behalf of the	
chemoloodyist and toodying	g mini, maicate the 10	nowing.		
Full name of candidate:	Daniels	Gary		
	(Last Name)	(First Name)	(Middle Name/Initial)	
) (()	0.00	o ii Sanata	
Amount of contribution \$ 250	7.00	Office Candidate i	s Seeking Senate	
		e for amount of contribu	ution. If the actual cost is not knowl	
enter an estimated value and th	he word "estimate."		ution. If the actual cost is not known	
	ne word "estimate." Morse	Chuck		
enter an estimated value and the	Morse (Last Name)	Chuck (First Name)	(Middle Name/Initial)	
enter an estimated value and the	Morse (Last Name)	Chuck	(Middle Name/Initial)	
Full name of candidate: Amount of contribution \$ 100 If the contribution is an in-kind actual cost of the in-kind contr	Morse (Last Name) 00.00 d contribution, provide ribution on the line above	Chuck (First Name) Office Candidate is a description of the good we for amount of contributions.	(Middle Name/Initial) Seeking Senate ds or services provided, and enter the	
Full name of candidate: Amount of contribution \$ 100 If the contribution is an in-kind actual cost of the in-kind contrenter an estimated value and the	Morse (Last Name) 00.00 d contribution, provide ribution on the line above word "estimate."	Chuck (First Name) Office Candidate is a description of the good we for amount of contributions.	(Middle Name/Initial) Seeking Senate ds or services provided, and enter the	
Full name of candidate: Amount of contribution \$ 100	Morse (Last Name) 00.00 d contribution, provide ribution on the line above	Chuck (First Name) Office Candidate is a description of the good we for amount of contributions.	(Middle Name/Initial)	

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rate addendum C forms.)	
firm that the foregoing info	ormatio
July 19, 2018	

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II. Name of lobbyist's parti	nership, firm or corn	oration, if any:	
		oration, it any.	
	Solutions, L.L.C.	 	
(Name of partne	ership, firm or corporation)		2 vk 10
III. Name of Client		Jvy 19 Date April 9, 2018	
	ion that is reportable o	arguant to RSA Chan	ter 664 paid on behalf of the
client/lobbyist and lobbying			ter oo i para on oonan or are
enena 1000y ist and 1000y ing	, mm, maleute the foli	owing.	
			·· == ·
Full name of candidate:	Innis	Dan	
	(Last Name)	(First Name)	(Middle Name/Initial)
Amount of contribution \$ 100	00.00	Office Candidate is	Sooking Senate
Amount of contribution 3		Office Calididate is	s seeking
enter an estimated value and tr	e word estimate.		
enter an estimated value and tr	e word estimate.		
	Ward	Ruth	
		Ruth (First Name)	(Middle Name/Initial)
Full name of candidate:	Ward (Last Name)	(First Name)	
enter an estimated value and the			
Full name of candidate: Amount of contribution \$ 100	Ward (Last Name) 00.00	(First Name) Office Candidate is	Seeking Senate
Full name of candidate: Amount of contribution \$ 100	Ward (Last Name) 0.00 d contribution, provide a	(First Name) Office Candidate is description of the good	Seeking Senate ds or services provided, and enter to
Full name of candidate: Amount of contribution \$ 100 If the contribution is an in-kind actual cost of the in-kind contr	Ward (Last Name) 0.00 d contribution, provide a	(First Name) Office Candidate is description of the good for amount of contributions.	Seeking Senate ds or services provided, and enter the services provided is not known. If the actual cost is not known.
Full name of candidate: Amount of contribution \$ 100 If the contribution is an in-kind actual cost of the in-kind contr	Ward (Last Name) 0.00 d contribution, provide a	(First Name) Office Candidate is description of the good for amount of contributions.	Seeking Senate ds or services provided, and enter the services. If the actual cost is not known.
Full name of candidate: Amount of contribution \$ 100 If the contribution is an in-kind actual cost of the in-kind contr	Ward (Last Name) 0.00 d contribution, provide a	(First Name) Office Candidate is description of the good for amount of contributions.	Seeking Senate ds or services provided, and enter the services. If the actual cost is not known.
Full name of candidate: Amount of contribution \$ 100 If the contribution is an in-kind actual cost of the in-kind contr	Ward (Last Name) 0.00 d contribution, provide a	(First Name) Office Candidate is description of the good for amount of contributions.	Seeking Senate ds or services provided, and enter the services. If the actual cost is not know
Full name of candidate: Amount of contribution \$ 100 If the contribution is an in-kind actual cost of the in-kind contr	Ward (Last Name) 0.00 d contribution, provide a	(First Name) Office Candidate is description of the good for amount of contributions.	Seeking Senate ds or services provided, and enter the services. If the actual cost is not know
Full name of candidate: Amount of contribution \$ 100 If the contribution is an in-kind actual cost of the in-kind contr	Ward (Last Name) 0.00 d contribution, provide a	(First Name) Office Candidate is description of the good for amount of contributions.	Seeking Senate ds or services provided, and enter the services. If the actual cost is not know
Full name of candidate: Amount of contribution \$ 100 If the contribution is an in-kind actual cost of the in-kind contr	Ward (Last Name) 0.00 d contribution, provide a	(First Name) Office Candidate is description of the good for amount of contributions.	Seeking Senate ds or services provided, and enter the services. If the actual cost is not know
Full name of candidate: Amount of contribution \$ 100 If the contribution is an in-kind actual cost of the in-kind contrenter an estimated value and the	Ward (Last Name) 00.00 d contribution, provide a ribution on the line above me word "estimate."	(First Name) Office Candidate is description of the good for amount of contributions.	Seeking Senate ds or services provided, and enter the services. If the actual cost is not know
Full name of candidate: Amount of contribution \$ 100 If the contribution is an in-kind actual cost of the in-kind contr	Ward (Last Name) 0.00 d contribution, provide a	(First Name) Office Candidate is description of the good for amount of contributions.	Seeking Senate ds or services provided, and enter the services. If the actual cost is not know

If the contribution is an in-kind contribution, provide a descriatual cost of the in-kind contribution on the line above for an	ption of the goods or services provided, and enter the
enter an estimated value and the word "estimate."	mount of contribution. If the actual cost is not known,
(If more than three contributions were made, report additional contri	hutiana an annunta adda dan C. Cama
(if more than three contributions were made, report additional contri	butions on separate addendum C forms.)
Sworn Statement/Affirmation by Lobbyist	
I have read RSA 15, RSA 15-B and RSA 664 and hereb	y swear or affirm that the foregoing information
is true and complete to the best of my knowledge and be	
	July 19, 2018
(Signature of lobbyist)	(Date)
Debra Vanderbeek	
(Print Name of lobbyist)	

STATE OF NEW HAMPSHIRE

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nat is reportable particular, indicate the fo	pursuant to RSA Chap Howing: Jeb	Date April 9, 2018 oter 664 paid on behalf of the
nat is reportable particular, indicate the fo	pursuant to RSA Chap Howing: Jeb	
n, indicate the fo	llowing:	oter 664 paid on behalf of the
Bradley (Last Name)		
(Last Name)		
	(First Name)	(Middle Name/Initial)
)	Office Candidate is	s Seeking Senate
	D!	
		(Middle Name/Initial)
(East (Valle)	Office Candidate is	
Carson	Sharon	(Middle Name/Initial)
	Vard (Last Name) tribution, provide on on the line above	Vard Ruth (Last Name) (First Name) Office Candidate is tribution, provide a description of the good on on the line above for amount of contribution.

If the contribution is an in-kind contribution, provide a descractual cost of the in-kind contribution on the line above for a	ription of the goods or services provided, and enter the
enter an estimated value and the word "estimate."	amount of contribution. If the actual cost is not known,
(15 man than the contribution of the contribut	
(If more than three contributions were made, report additional cont	ributions on separate addendum C forms.)
Sworn Statement/Affirmation by Lobbyist	
I have read RSA 15, RSA 15-B and RSA 664 and here	by swear or affirm that the foregoing information
s true and complete to the best of my knowledge and b	
	L.L. 10, 2010
(Signature of loobyist)	July 19, 2018
(Signature of foobyist)	(Date)
Debra Vanderbeek	
(Print Name of lobbyist)	
• •	

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JUL 1 6 2018

Legislative	Solutions, L.L.C.		
(Name of partr	ership, firm or corporation)		2/19.
III. Name of Client		Date April 9, 2018	
Political Contributions For each political contribut client/lobbyist and lobbying			oter 664 paid on behalf of the
Full name of candidate:	Boutin	David	
_	(Last Name)	(First Name)	(Middle Name/Initial)
Amount of contribution \$ 25	0.00	Office Candidate i	s Seeking Senate
	NA/AIF	Tour	
Full name of candidate:	Wolf (Last Name)	Terry (First Name)	(Middle Name/Initial)
	(Last Name)		
Amount of contribution \$ 250 If the contribution is an in-kinactual cost of the in-kind contribution is an in-kind contribution in the in-kin	(Last Name) 0.00 d contribution, provide ibution on the line about	(First Name) Office Candidate is a description of the good	
	(Last Name) 0.00 d contribution, provide ibution on the line about	(First Name) Office Candidate is a description of the good	Seeking Senate ds or services provided, and enter the

(If more than three contributions were made, report additional contributions on separate addendum C Sworn Statement/Affirmation by Lobbyist I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affirm that the is true and complete to the best of my knowledge and belief.	ctual cost is not k
Sworn Statement/Affirmation by Lobbyist I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affirm that the	
I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affirm that the	forms.)
	oregoing inform
July 19,	2018
	Date)

Use this form to swear or affirm the truth and completeness of Income and Expense Statements and related Addendums.

JUL 1 6 2018 NEW HAMPSHIRE DEPARTMENT OF STATE

Name of Lobbying partnership, firm, or corporati	ion: Legislative Solutions
Name of Client (leave blank if Statement is for the	ne partnership, firm, or corporation and not related to any
particular client):	
Date of Report (check one):	
April 25, 2018	October 31, 2018
	Statement of Income and Expenses described above, and Statement (insert the number of Addendum forms being
Addendum A(s).	
Addendum B(s).	
Addendum C(s).	
I hereby swear or affirm that the foregoing inforcomplete to the best of my knowledge and belief.	mation on the Statement and each Addendum is true and July 19, 2018
(Signature of lobbyist)	(Date)
Robert C/88 (Print Name of Johnvist)	

Use this form to swear or affirm the truth and completeness of Income and Expense Statements and related Addendums.



Name of Lobbying partnership, firm, or corporation: Legislative Solutions
Name of Client (leave blank if Statement is for the partnership, firm, or corporation and not related to any
particular client):
Date of Report (check one):
April 25, 2018
I have read RSA 15, RSA 15-B, RSA 664, the Statement of Income and Expenses described above, and the following Addendums submitted with that Statement (insert the number of Addendum forms being submitted):
Addendum A(s).
Addendum B(s).
X Addendum C(s).
I hereby swear or affirm that the foregoing information on the Statement and each Addendum is true and complete to the best of my knowledge and belief.
July 19, 2018
(Signature of lobbyist) (Date)
Parillis Karavtas (Print Name of lobbyist)

Use this form to swear or affirm the truth and completeness of Income and Expense Statements and related Addendums.

PECEIVED JUL 1 6 2018 NEW HAMPSHIRE DEPARTMENT OF STATE

Name of Lobbying partnership, firm, or corpor	ration: Legislative Solutions
Name of Client (leave blank if Statement is for	r the partnership, firm, or corporation and not related to any
particular client):	
Date of Report (check one):	
April 25, 2018 July 25, 2018	October 31, 2018 January 30, 2019
	e Statement of Income and Expenses described above, and at Statement (insert the number of Addendum forms being
Addendum A(s).	
Addendum B(s).	
Addendum C(s).	
I hereby swear or affirm that the foregoing infomplete to the best of my knowledge and believed to the best of my knowl	Formation on the Statement and each Addendum is true and ief. July 19, 2018 (Date)
Leann Maccia	
(Print Name of lobbyist)	

Use this form to swear or affirm the truth and completeness of Income and Expense Statements and related Addendums.

JUL 1 6 2018 NEW HAMPSHIRE DEPARTMENT OF STATE

Name of Lobbying partnership, firm, or corporation: Legisla	tive Solutions
Name of Client (leave blank if Statement is for the partnersl	nip, firm, or corporation and not related to any
particular client):	
Date of Report (check one):	
April 25, 2018	2018 □ January 30, 2019 □
/	
I have read RSA 15, RSA 15-B, RSA 664, the Statement of the following Addendums submitted with that Statement (submitted):	•
Addendum A(s).	
Addendum B(s).	
Addendum C(s).	
I hereby swear or affirm that the foregoing information on to complete to the best of my knowledge and belief.	the Statement and each Addendum is true and July 19, 2018
(Signature of lobbyist)	(Date)
Chris Herr (Print Name of lobbyist)	